

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 13674
Application ID: 09683613
Title of Invention: Methods for Screening
Polypeptides
First Named Inventor: Fred Christians
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-01-24
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 3386.1
Digital Certificate Holder: cn=Wei Zhou, ou=Registered Attorneys, ou=Patent and Trademark
Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest: p3zjN54WX+GBfA0LJaCnjQ==
Total Fees Authorized: \$1726.0
Payment Category: DA - Deposit Account
Deposit Account Number: 10431
Deposit Account Name: Wei Zhou



TRANSMITTAL FORM

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Stylesheet Version: 1.0

Submission Type: Utility Patent
Filing

Attorney Docket
Number: 3386.1

Methods for Screening Polypeptides

First Named Inventor: Fred Christians

SUBMITTED BY

Name: Dr. Wei Zhou
Registration Number: 44419
Electronic Signature Mark: /wz Date Signed: 20020124

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	d01.tif
declaration	d02.tif
declaration	d03.tif
bibd-transmittal	3386apds.xml
patent-assignments	3386asgn.xml
fee-transmittal	3386fee.xml

specification

3386.1.xml

Attached Image File(s):

d01.tif

d02.tif

d03.tif

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Comments:

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PTO/SB/01 (12-97)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	3386.1
	First Named Inventor	CHRISTIANS et. al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	1/24/02
	Group Art Unit	TBD
	Examiner Name	TBD

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods for Screening Polypeptides

the specification of which (Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America; listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
60/264,635		

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

☐ Customer Number → Place Customer Number Bar Code Label here
 OR
☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Wei Zhou	44,419	Philip L. McGarrigle	31,395
Joe Liebeschuetz	37,505	Alan B. Sherr	42,147

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 22886 OR ☒ Correspondence address below

Name	Affymetrix, Inc.				
Address	General IP Counsel - Legal Department				
Address	3380 Central Expressway				
City	Santa Clara	State	CA	ZIP	95051
Country	USA	Telephone	408/731-5000		Fax 408/731-5392

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:						<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname			
FRED				CHRISTIANS			
Inventor's Signature	<i>Fred C. Christians</i>					Date	1/24/02
Residence: City	LOS ALTOS	State	CA	Country	USA	Citizenship	USA
Post Office Address	1444 ARBOR AVENUE						
Post Office Address							
City	Los Altos	State	CA	ZIP	94024	Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

[Page 2 of 2]

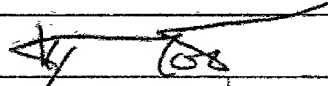
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KYLE B.		COLE	
Inventor's Signature 		Date	
Residence: City	PALO ALTO	State	CA
		Country	USA
Citizenship USA			
Mailing Address 4133 WILKIE WAY			
Mailing Address			
City	PALO ALTO	State	CA
		ZIP	94306
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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FEE TRANSMITTAL

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Stylesheet Version: 1.0

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Large Entity

TOTAL FEES AUTHORIZED: \$ 1726

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Wei Zhou
Electronic Signature Mark: /wz
Date Signed: 20020124

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 57	103	\$ 18	37	\$ 666
Independent Claims: 2	102	\$ 84	0	\$ 0
Multiple Dependent Claims	104	\$ 280		\$ 280

Subtotal For Extra Claims Fees: \$ 946

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40

2020-01-23 10:00